



COUNSELLING INTAKE FORM - Client Details and Confidentiality

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile: _____

Email: _____

Date of Birth: _____ Marital Status: _____

Occupation: _____

How did you find out about Tanya M Wilson – Psychotherapist & Coach?

Are you happy to receive fortnightly articles/e-news via email from Tanya? Yes/No

A counselling session is a confidential space. Your details and information will remain in a locked file with your counsellor, with additional notes taken during or after each session. You may request to see your file at any time. Your counsellor is the only person who sees your file aside from you, should you request it. The only exception to this is if your counsellor is requested by law to provide your file to the courts.

All of what you discuss in a counselling session remains confidential and will not be released to anyone without your consent. An exception to this is if your counsellor believes you are going to harm yourself or others. Counsellors are also bound by mandatory reporting procedures.

As part of ongoing professional membership, your counsellor is required to participate in regular supervision. This means that either privately or in a small group, your counsellor may discuss some cases, challenges, and counselling techniques and tools with a supervisor. Names of clients aren't disclosed, however, in order to continue ongoing professional education and self-care, some information may need to be placed in context or examples given regarding content from counselling sessions.

DO YOU AGREE TO THE ABOVE IN REGARD TO YOUR CLIENT FILE AND CONFIDENTIALITY? **YES/NO**

SIGNED _____ **DATE:** _____

COUNSELLING INTAKE FORM - Personal Agreements

Iunderstand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counselling.

I understand that the fees for counselling are \$90 per 1 hour or \$135 per 1.5 hours.

Then from the 1st April 2019 will be \$110 (incl. GST) per hour and are to be paid to Tanya Wilson by cash at the time of my appointment. Or by direct deposit by prior arrangement. I also understand that if I need to cancel or reschedule my appointment that 24 hours notice is required for rescheduling or cancellation. If less than 24 hours notice is given, a \$55 cancellation fee will be issued. If less than 6 hours notice is given (or you don't show up for your appointment) the FULL cost of your session will be charged.

DO YOU AGREE TO THE ABOVE? YES/NO

SIGNED _____ DATE: _____

COUNSELLING INTAKE FORM - Physical History

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? _____ Describe _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

COUNSELLING INTAKE FORM - Work History & Family Information

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/sports/interests _____

In what City/town were you born? _____ How long there _____

Your Parents:

Father's name: _____ alive _____ Where residing _____

Mother name: _____ alive _____ Where residing _____

Current Marital Status (please circle) Married Separated Divorced De-facto Single

If you are living with a partner, how long have you been living together? _____

Current Partner's Name: _____

Do you have any children? _____ If so, what are their names and ages _____

You and your siblings:

Please write the names, age and sex of you and your siblings in order of birth: eg Mary 25 F , Greg 22 M,

Any known Family Alcoholism or Domestic Violence? _____

Do you have, or identify with, any addictions? Please circle:

Alcohol	Drugs Pharmacuetical
Drugs Recreational	Sex
Love	Food
TV	Social Media
Cigarettes	Work
	Pornography

COUNSELLING INTAKE FORM - Your Spiritual & Emotional World

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life? _____

Are you currently experiencing strong emotions? ____ If yes, describe _____

Are you experiencing any of the following emotions? If so please circle:

Dignity/ Respect/Self- Worth	Freedom/Control	Love/Connection/ Importance	Justice/Truth	Safety	Trust
Ashamed	Bossed around	Abandoned	Accused	Abused	Cynical
Beaten down	Controlled	Alone	Blamed	Afraid	Guarded
Cut down	Imposed upon	Brushed off	Cheated	Attacked	Sceptical
Criticized	Imprisoned	Confused	Disbelieved	Defensive	Suspicious
Dehumanized	Inhibited	Disapproved of	Falsely accused	Frightened	Untrusted
Disrespected	Invaded	Discouraged	Guilt-tripped	Insecure	Untrusting
Embarrassed	Forced	Ignored	Interrogated	Intimidated	
Humiliated	Manipulated	Insignificant	Judged	Over-protected	
Inferior	Obligated	Invisible	Lied about	Scared	
Insulted	Over-controlled	Left out	Lied to	Terrified	
Invalidated	Over-ruled	Lonely	Misled	Threatened	
Labelled	Powerless	Misunderstood	Punished	Under-protected	
Lectured to	Pressured	Neglected	Robbed	Unsafe	
Mocked	Restricted	Rejected		Violated	
Offended	Suffocated	Uncared about			
Put down	Trapped	Unheard			
Resentful		Unknown			
Ridiculed		Unimportant			
Stereotyped		Uninformed			
Teased		Unloved			
Underestimated		Unsupported			
Worthless		Unwanted			

Please add any other feelings you commonly experience that you would like to list here:

Did you have what you would consider to be childhood or other traumas? YES/NO

Have you had any previous Therapy/Counselling? _____ If yes, describe, when, how long and what for:

****To be filled out by counsellor****

Why did you decide to come for counselling/therapy_____

What would you like to experience that is different from what you are experiencing now_____

How long has this been a problem for you_____
